Idaho Immunization Program (IIP)

Wasted Vaccine Form

IIP USE ONLY	
/TrckS No:	
Return ID-Wasted:	

Health care providers who receive state-supplied vaccines are required to report all vaccine loss to the IIP. Wasted vaccine should be reported to the IIP when vaccine orders are placed. Non-viable, returnable vaccine (e.g. expired or spoiled) must be reported on the McKesson Vaccine Return Form.

	Date:		VFC PIN:				
Immunization (Contact:		Office Name:				
Phone: (208)			Fax:	Fax: (208)			
				-			
						_	
Vaccine Type	# Doses	Lot #	NDC#	Manufacturer	Expiration	Reason	
					Date	Wasted*	
*Use one of the	following reas	sons in the Reason W	asted column for each of t	he non-viable vacc	cines:		
	ial or Syringe			accine products (e		ent)	
		not administered		vial but all doses h	ave not been ad	ministered	
3. Lost or u	naccounted f	or vaccine	6. Other	– Specify			
Signature of Pre	parer:			Date:			



Phone: (208) 334-5931 or (800) 554-2922

Fax: (208) 334-4914 Email: IIP@dhw.idaho.gov

